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Exclusive Interview with Dr. Wendy Yared (ECL): Europe's Beating Cancer Plan

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Exclusive Interview with:

Wendy Yared

Director of the Association of European Cancer Leagues
ECL

In the last few years, the EU has paid increasing attention to health topics, including the fight against cancer through actions linked to preventing, treating, combating, recognizing the challenges that cancer implies and opportunities in the

developments in cancer care. To continue developing these actions for reducing the suffering caused by cancer, the European Commission presented on 3 February 2021, the Europe's Beating Cancer Plan. This commitment of the EU has four main goals such as preventing through actions regarding tobacco, alcohol consumption, environmental pollution or hazardous substances, detection of cancer through upgrading access, quality and diagnostics, diagnosis and treatment through actions that ensure better care and equal access to medicines and also improving quality of life of cancer patients and survivors.

Therefore, to get an understanding of the current state of the discussions, but also to get an idea of what to look forward to in the EU's actions, VoteWatch Europe has reached out to **Dr. Wendy Yared**, the Director Director of the Association of European Cancer Leagues, ECL. Her insights will help you understand how the plan is built, and how it can help prevent and fight against cancer.

VoteWatch: *Europe's Beating Cancer Plan will have €4 billion of funding, including €1.25 billion from the future EU4Health programme. Do you believe this figure will be sufficient in order to make a real impact on EU cancer statistics?*

Dr. Wendy Yared: ECL and cancer leagues had long called for a dedicated cancer plan and an ambitious financial envelope to build on the achievements of the first 'Europe against Cancer' programme back in the 1980-90s and provide a roadmap towards a cancer-free future. **Our wish was granted in 2021** with the adoption of Europe's Beating Cancer Plan (EBCP).

The €4 billion earmarked from a range of EU funding instruments for actions addressing cancer is unprecedented: **this should be celebrated**. What is more, on top of the €4 billion, EU member states can **also make use** of other shared programmes, in Cohesion Policy plus Next Generation EU (NGEU) to receive **additional support**.

There is plenty of room for optimism about the impact of the EBCP. Take, for instance, the US Cancer Moonshot programme, with \$1.8 billion funding over a 7-year period, which has reportedly already made remarkable progress and achieved impressive scientific accomplishments. Nevertheless, the potential impact of the EBCP **cannot be considered in a vacuum** as its greatly affected by:

1) The major impact the COVID-19 **pandemic** has had over the past 2 years on people living with cancer. The impact of COVID-19 indeed goes far beyond the disease itself. The way in which the pandemic affected cancer care, disrupting treatment, delaying diagnosis, and affecting access to medicines is a deadly interplay. The full extent of the impact of service backlogs and COVID-19 on cancer patients is still being investigated[1], but the knock-on effect of this disruption will be felt for years and will show on cancer data.

2) Successful **cooperation and synergistic actions** is key. The **EU** has **shared and supporting competences** in the field of public health, which require **political will** and commitment at the **national and regional level** to **ensure efficient use of public funds and maximize societal benefit**.

3) Lastly, **prevention is often cited as being the key priority**. Yet, whilst prevention is often celebrated in principle, the hard truth is that in practice the long time-lag between initial investments and the pay-off often serves to demotivate political action. The unavoidable fact is that cancer prevention can **take decades before demonstrating its full effects**. This must be kept in mind when evaluating the EBCP.

With a helicopter view, we saw the European Commission launching the EBCP as well as the Implementation Roadmap, and the European Parliament recently adopted its own-initiative report on the matter, flushing out challenges and opportunities to tackle cancer in Europe. There is therefore a clear political moment where all stakeholders can work together with a single voice. The MEPs Against Cancer Interest Group of the European Parliament, for which ECL provides the Secretariat, has been instrumental in affecting cancer policies and committed to work with the European

Commission, EU Agencies and Bodies.

Finally, successful implementation of the EBCP requires strong integration with other EU policy initiatives such as the Green Deal, the Farm to Fork strategy, and the European Health Data Space.

"Beating cancer" is a multi-layered journey. It does not only mean preventing it as much as possible but it also calls on society to be able to live with it. For this reason, survivorship and quality of life deserve better attention from policymakers and a 'health in all policies' approach is more needed than ever.



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VoteWatch: *There are substantial differences between Member States in terms of early detection of cancer, for example ranging from 6-90% for breast cancer and 25-80% for cervical cancer. With regards to this discrepancy, how can the EU take action to create greater equality between Member States?*

Dr. Wendy Yared: Under Article 168 of the Treaty on the Functioning of the European Union (TFEU), the EU has valuable but limited competences in the field of Public Health. This relates to supporting and complementing member states' actions and fostering cooperation between member states and amongst valued stakeholders.

EU action in the field of cancer screening has been a great example of how these competences can be applied in practice to support member states on the ground. A major tool for this has been the publication of the **European Guidelines for Quality Assurance in Cancer Screening**, which has been produced in several editions for cervical, colorectal and breast cancer screening since the 1990s. The EU's commitment has been strengthened in recent years by the development and implementation of the **European Commission Initiative on Breast Cancer (ECIBC)**. This includes the adaptation of the Breast Screening Guidelines to a 'living guidelines' format meaning that the guidelines update as the evidence evolves. The initiative is coordinated by the Joint Research Centre (JRC) of the European Commission and bring together experts from across the EU, including our very own Cancer Prevention Manager, David Ritchie. ECL is pleased to see that this process will be replicated for colorectal cancer with the European Commission Initiative on Colorectal Cancer (ECICC), and we are pleased that the International Agency for Research on Cancer has recently been awarded the mandate to update the guidelines for cervical cancer screening.

The European Guidelines are extremely important tools for EU member states to take action to improve cancer screening. But, they require practical support, know-how and investment on the ground to translate them into action. That's why we feel one area in which the EU can go further in supporting member states, to address the variation in coverage and quality, is by **establishing a permanent platform for cancer screening agencies in Europe to connect and collaborate**. We have acknowledged this in our response to the Call for Evidence on the forthcoming update of the Council Recommendation of 2 December 2003 on cancer screening. We are delighted that a recent publication from the French National Cancer Institute (INCa) echoed this call for action.

A final point of key importance is the necessity of **continuous monitoring and evaluation of screening activity and performance**. The statistics cited are from the second implementation report on cancer screening in the EU, published in 2017. We need more detailed comparable data, more regularly, if the EU is to be in any position to support member states to address implementation gaps or quality issues. I am delighted to ECL that ECL is a member of a consortium that has recently been awarded EU funding to expand the European Cancer Information System (ECIS) to collect and report data on cancer screening across the EU. This is a vital step towards developing a continuous reporting system that can allow us to monitor coverage and quality of screening, with the goal of addressing the inequalities present today.

VoteWatch: *A new EU-supported Cancer Screening Scheme aims to offer 90% of the EU population who qualify for breast, cervical and colorectal cancer screenings the option by 2025. What are the major challenges which jeopardize achieving this objective?*

Dr. Wendy Yared: The major barrier at present is the simple fact that **quality assured cancer screening, for the three cancers currently endorsed for screening, are not available as organized public health programmes in each and every EU member state**. Almost twenty years after the adoption of the Council Recommendation on cancer screening, which called on all member states to progress towards population-based screening for these three cancers, we see that Bulgaria, amongst others, has no organised programmes for cancer screening in place.

A further complicating factor is the **long time period required to set up an organised programme**, which must first go through several years of piloting before gradual roll-out across the territory. This process can easily take over a decade and is further complicated by the fact that in many member states the **responsibility for screening programmes lies at a regional level**. This is the case in Belgium, for instance, where Flanders has had in place organised screening for cervical cancer (plus for breast and colorectal) yet the very steps to pilot a programme in Wallonia have only recently been taken. This demonstrates the political and cultural differences that are in play even inside one particular member state.

In settings without a programme, so-called 'opportunistic' screening is often available via services performed by a healthcare professional. This approach provides a large number of people with screening services yet is **largely inadequate for addressing inequality** in access to screening. Therefore, a major challenge for the 90% target to be met, is to address the needs and preferences of those people who do not have access to an organised programme for screening, or if there is a programme, it has underserved certain groups. The topic of addressing inequality in access to screening is central to the efforts to improve screening in Europe. ECL is a proud partner of the **CBIG-SCREEN project** which seeks to co-create an improved offer of cervical cancer screening for those persons who have been traditionally marginalized in society and by screening programmes.

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*"We must not forget the role that **Europe needs to play at a global level to help ensure and deliver a sufficient supply of vaccines to those countries in greatest need.** Cervical cancer accounts for the vast majority of the disease caused by HPV and the vast majority of deaths inflicted by this preventable killer are found in low- and middle-income countries. Europe needs to strike the right balance in ensuring that we have equitable coverage within our own populations whilst not adversely impacting the availability for the countries suffering the most."*

VoteWatch: *According to the EU, 40% of cancer cases are preventable. The EU Beating Cancer Plan sets out Directives which review consumption of harmful substances such as tobacco, alcohol, and carcinogenic food. From your point of view, is taxation legislation the most effective method to improve EU citizens' lifestyle or should the EU focus on alternative projects such as the 'HealthyLifestyle4All' campaign?*

Dr. Wendy Yared: The European Code against Cancer (ECAC) is clear that around 40% of cancer are preventable if its messages are followed by individuals and their families. The ECAC contains an important notice that the maximum benefits from cancer prevention accrue only with the support of governmental policies and actions. In order for individuals to make the choices that will improve their health and stick to this over the long-term, it is essential that the environment in which they live and work enables people to make healthy decisions.

The role of the EU is most impactful when it takes high-level action on the economic, commercial and political determinants of health. The EU has the responsibility for the functioning of the internal market, which offers space to take action on taxation. This is important as increasing **excise taxes on alcoholic beverages** and increasing **excise taxes and prices on tobacco products** are well-known **effective and cost-effective interventions** included in the WHO Best Buys. As the EU has greater competence in areas relating to the internal market, it is a must for the EU to ensure it takes all reasonable efforts to improve public health through these measures.

Taxation on tobacco and alcohol are effective but underused policies of disease prevention and health promotion. They could also help mobilize additional government revenue to fund investments and programs that benefit the entire population and enhance equity. It is also critical that all EU Member States adopt and implement the same strategies otherwise, for example, an unequal approach to tobacco and alcohol can steer cross-border acquisitions of tobacco products and alcoholic beverages. This is particularly true in those areas of Europe where borders among countries are very close.

VoteWatch: *For women in the EU aged 15-44, cervical cancer is the second most common form of cancer. HPV vaccination uptake in many EU countries is well below the EU's target of 90%. The EU's Beating Cancer Plan aims to*

achieve 90% 2nd dose vaccination rate across all Member States by 2025 – is this a realistic goal in your opinion?

Dr. Wendy Yared: It's very true that HPV vaccination coverage differs widely across Europe and, taken overall, is far from this target. That is why setting an ambitious target in the EBCP is so important. ECL has argued in our joint statement on **Europe's Path to eliminating Cervical Cancer** that Europe **must play a leading and inspirational role for other global regions** to show that the elimination goals of the WHO Global Strategy to Eliminate Cervical Cancer are achievable. Europe, with its abundant resources and skills, has no excuse not to strive to be ambitious in ensuring maximal coverage and uptake of HPV vaccination. Of course, it will be far from easy, especially in those countries and regions with little to no programme in place already. On the positive side, the evidence is now quite compelling for a single dose regimen which should make the process easier to bring forward and also address the crucial issue of supply shortage on a global scale.

To conclude, we must not forget the role that **Europe needs to play at a global level to help ensure and deliver a sufficient supply of vaccines to those countries in greatest need**. Cervical cancer accounts for the vast majority of the disease caused by HPV and the vast majority of deaths inflicted by this preventable killer are found in low- and middle-income countries. Europe needs to strike the right balance in ensuring that we have equitable coverage within our own populations whilst not adversely impacting the availability for the countries suffering the most.

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